

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/26/2023
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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP COD 6685 EAST 117TH AVENUE CROWN POINT, IN 46307
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00418056 and IN00419505.</p> <p>Complaint IN00418056 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419505 - Federal/ State deficiencies related to the allegations are cited at F573.</p> <p>Survey date: October 26, 2023.</p> <p>Facility number: 001198 Provider number: 155637 AIM number: 100471000</p> <p>Census Bed Type: SNF/NF: 85 SNF: 23 Residential: 42 Total: 150</p> <p>Census Payor Type: Medicare: 15 Medicaid: 69 Other: 24 Total: 108</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 10/27/23.</p>	F 0000	The facility kindly requests a desk review.	
F 0573 SS=D Bldg. 00	<p>483.10(g)(2)(i)(ii)(3) Right to Access/Purchase Copies of Records §483.10(g)(2) The resident has the right to access personal and medical records</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Natalie Porcaro	Administrator	11/02/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>pertaining to him or herself.</p> <p>(i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and</p> <p>(ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p> <p>§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that</p>			

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	<p>translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.</p> <p>Based on record review and interview, the facility failed to ensure residents received medical records within 48 hours of request for 2 of 3 residents reviewed for medical record requests. (Residents H and J)</p> <p>Findings include:</p> <p>Requests for medical records were reviewed on 10/26/23 at 1:57 p.m.</p> <p>1. Resident H requested his medical records on 9/25/23. The request was stamped as received by medical records on 9/25/23. The medical records were made available and released to the resident on 10/19/23.</p> <p>2. Resident J requested his medical records on 8/4/23. The request was stamped as received by medical records on 8/9/23. The medical records were made available and released to the resident on 8/17/23.</p> <p>The current policy, "Medical Record Request", indicated, "...It is our policy to fulfill requests for uses and disclosures of protected health information within 30 days of receipt of a valid Authorization of Release of Medical Information Form...."</p> <p>Interview with the Medical Records Director on 10/26/23, indicated she had been on vacation when Resident J's request had been made, that was why the delay in received by date.</p> <p>Interview with the Administrator on 10/26/23,</p>	F 0573	<p>Crown Point Christian Village 10/26/2023</p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>F 573 Right to Access/Purchase Copies of Records</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Resident H had no adverse effects of receiving medical records after allotted time. Resident J had no adverse effects of receiving medical records after allotted time.</p> <p>How will facility identify other residents who have the potential to be affected by the same alleged deficient practice?</p> <p>The deficient practice has the</p>	11/02/2023

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	<p>indicated their policy indicated records were to be provided within 30 days of request. She was not aware of the 48 hour requirement.</p> <p>This citation relates to Complaint IN00419505.</p> <p>3.1-4(b)(2)</p>		<p>potential to affect all facility residents.</p> <p>What corrective measures will the facility take or will alter to ensure that the problem will not recur?</p> <p>Administrator and Medical Records Director were educated to provide medical records within 48 hours requirement.</p> <p>What quality assurance plans will be implemented to monitor facility performance to ensure corrections are achieved and permanent?</p> <p>Administrator/ designee will audit all medical records requests weekly x 6 months to ensure that residents receive medical records within 48 hours of request. A summary of the audits will be presented to the Quality Assurance committee monthly for 6 months.</p> <p>By what date the systemic changes will be completed: 11/2/23</p>	